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Attorney Docket Number 1406/181 First Named Inventor Christoph Braun		
COMPLETE IF KNOWN		
Application Number		
iling Date		
Art Unit		
Examiner Name		

I her by declare that:									
Each inventor's residence, mailing address, and citizenship are as stated below next to their name.									
I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:									
DEVICE AND METHOD FOR DIGITAL PULSE WITH MODULATION									
(Title of the Invention)									
the specification of which									
X is attached hereto									
OR									
was filed on (MM/DD/YYYY) as United States Application Number or PCT International									
Application Number		and was amended on (MM/	DD/YYYY)	(if applicable).					
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.									
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Pri r Foreign Application	ii willer priority	Foreign Filing Date	Priority	Certified Copy Attached?					
Number(s)	Country	(MM/DD/YYYY)	Not Claimed	Yes No					
10303919.8	DE	01/31/2003							
10327620.3	DE	06/18/2003							
Additional foreign applicati	on numbers ar	e listed on a supplemental pri	ority data sheet PTO/SB/	02B attached hereto.					

[Page 1 of 2]

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This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor									
Given Name (first and middle [if any]) Christoph				Family Name or Surname Braun					
Inventor's Signature				•		Date			
Residence: City	State Country Citiz				Citizei	nship			
Munich			DE		DE				
Mailing Address Paul-Heyse-Strasse 32									
City	State			ZIP		Country			
Munich				80336		DE			
NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor									
Given Name (first and middle [if any])				Family Name or Surname					
Inventor's Signature				- 1		Date			
Residence: City	State	State		Country Citize		nship			
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Additional inventors or a legal representative are being named on thesupplemental sheet(s) PTO/SB/02A or 02LR attached hereto.									